

**South Carolina Fetal Alcohol Spectrum Disorders (FASD)
Strategic Plan, State Fiscal Years 2011-2013**

DAODAS MISSION

The mission of DAODAS is to ensure the provision of quality services to prevent or reduce the negative consequences of substance abuse and addictions.

BACKGROUND

Just over a decade ago, DAODAS organized the South Carolina Fetal Alcohol Syndrome Resource Network (SC FASRN), a multi-agency network with a mission to “to provide information to the citizens and health and human service professionals in South Carolina to help reduce the exposure of infants to alcohol, tobacco, and other drugs during pregnancy.” A secondary purpose of this organization was to assist individuals working with substance-exposed children by providing practical tips, networking opportunities, and resource information.

The SC FASRN met quarterly in the state capital (Columbia, S.C.). Subcommittees were utilized for planning activities related to the observance of FAS Awareness Week and an annual FASRN Conference. In addition, the SC FASRN monitored new developments in research related to Alcohol-Related Birth Defects, as well as followed legislative efforts affecting this area.

One of the first activities of the SC FASRN was to organize regional trainings-of-trainers in Columbia, Greenville, Florence, Charleston, and Rock Hill in the spring and summer of 1998. The purpose of these trainings was to provide 120 professionals from around the state with up-to-date information on Fetal Alcohol Syndrome. The attendees were asked to provide at least two trainings in their communities on FAS.

In January 2002, DAODAS revised and reissued a very effective and popular four-color brochure, “Important Facts to Remember: A Special Delivery Should Be Handled With Care,” which featured images of 15 appealing babies on its cover. The brochure encourages women who are pregnant or trying to get pregnant, as well those who are breast-feeding, to abstain from all types of alcohol, as well as to avoid the use of tobacco products and illicit drugs and to follow doctor’s orders with regard to prescription and over-the-counter medications.

Since the early part of this decade, DAODAS has been reorganized and downsized (from a high of 125 positions in 2003 to its current staff size of 33 positions), and its state funding has been cut as part of efforts to balance the state budget. (From July 2008 to date, the DAODAS budget has been cut by 55%). However, DAODAS was able to continue to observe FAS Awareness Week and to hold an annual FASD conference.

One salutary effect of the downsizing, reorganization, and budget cuts was increased cross-discipline teamwork at DAODAS. After successfully managing major SAMHSA-funded grant projects that involved most of its staff, the department’s FASD points of contact mobilized other DAODAS staff, and together they embarked on the revitalization of the FASD initiative, this time with an emphasis on parental involvement. Renamed as the SC FASD Collaborative, the rejuvenated group produced this Strategic Plan with the assistance of a technical expert provided by the FASD Center for Excellence and has held trainings delivered by national FASD researchers.

INTRODUCTION

One of the most preventable yet tragic consequences of substance abuse is Fetal Alcohol Spectrum Disorders (FASD), which may result from the consumption of alcohol during pregnancy. “FASD” refers to a spectrum of conditions that include Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects (FAE), Alcohol-Related Neurodevelopmental Disorder (ARND), and Alcohol-Related Birth Defects (ARBD).

Every time a pregnant woman has a drink, her unborn child has one too. Alcohol, like carbon monoxide from cigarettes, passes easily through the placenta from the mother’s bloodstream into her baby’s blood and puts her fetus at risk of having an FASD. Resulting impairments may include, but are not limited to, intellectual disability; learning disabilities; attention deficits; hyperactivity; and problems with impulse control, language, memory, and social skills. Although skilled intervention services can help individuals with an FASD improve their quality of life, there is no effective treatment or cure.

Despite the risks associated with alcohol use during pregnancy, Centers for Disease Control and Prevention (CDC) statistics show that from 1991 to 2005, 12.2% of pregnant women reported some level of alcohol use in the past 30 days, and 2% reported binge drinking. In 2002, among women who might become pregnant (i.e., women who were not using birth control), 54.9% reported alcohol use in the past 30 days, and 12% reported binge drinking (*CDC, 2004*).

FASD is a serious national problem. It is the leading known cause of intellectual disability. The prevalence of FAS in the United States is estimated to be at least 10 per 1,000, or 1% of all births. Based on estimated rates of FASD per live births, FASD affects nearly 40,000 newborns each year. The cost to the nation of FAS alone may be up to \$6 billion each year, and for one individual with FAS, the lifetime cost is at least \$2 million.

Individuals (especially youth) with FASD are at high risk of engaging in criminal activity. They face many challenges that make them vulnerable, such as being easily influenced by peer pressure; lacking impulse control; not understanding cause and effect; not learning from mistakes; making poor decisions; having memory problems; and having difficulty understanding future consequences. Researchers at the University of Washington estimate that 35% of individuals with an FASD have been in jail or prison, and more than half of the individuals diagnosed with an FASD have been in trouble with the law.

FASD is not as widely known as other negative consequence of substance use. It *is* preventable by eliminating alcohol consumption during pregnancy, however, and continuing research has indicated that some intervention methods help alleviate its effects. It is indeed time to mobilize our efforts to increase public awareness of FASD, to prevent alcohol use during pregnancy, and to provide effective interventions to individuals with an FASD.

GOALS & STRATEGIES

Goal 1 (Prevention)

Decrease alcohol-exposed pregnancies.

STRATEGIES: PREVENTION	SFY 2011	SFY 2012	SFY 2013
1.1. Partner with organizations that reach priority populations to implement evidence-based programs to eliminate alcohol use among women who are or may become pregnant or to prevent pregnancy among women who drink alcohol.	X	X	X
1.2. Advocate for policies that support access to reliable and affordable contraception and evidence-based sex education.		X	X

Goal 2 (Intervention)

Increase the developmental progress of children who have an FASD so they can function to the best of their abilities at home, in school, and in their communities.

STRATEGIES: INTERVENTION	SFY 2011	SFY 2012	SFY 2013
2.1. Partner with the State Department of Education to educate school professionals (e.g., principals, teachers, school nurses, counselors) about the effects of FASD and how to identify and effectively work with students who have an FASD.		X	X
2.2. Partner with Greenwood Genetic Center to deliver education and training about FASD to school systems and other youth-serving organizations.	X	X	X
2.3. Link partners and other relevant organizations to technical assistance resources (e.g., Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, National Organization on Fetal Alcohol Syndrome) for FASD screening, diagnostic evaluation, and interventions for individuals with an FASD and their birth, adoptive, and foster families.	X	X	X

Goal 3 (Knowledge and Awareness)
Broaden the knowledge and awareness of FASD in the public
and the professional community.

STRATEGIES: KNOWLEDGE AND AWARENESS	SFY 2011	SFY 2012	SFY 2013
3.1. Disseminate FASD prevention information through public and private organizations, mass media, and other channels.	X	X	X
3. 2. Advocate for inclusion of information about FASD with pregnancy-related products.	X	X	X
3.3. Recruit and train health professionals, parents of children with an FASD, and other knowledgeable individuals to inform priority populations about FASD prevention and/or intervention.	X	X	X
3.4. Link partners and other relevant organizations to accurate, current federal, state and local resources on FASD prevention and FASD screening, diagnostic evaluation, and interventions for individuals with an FASD.	X	X	X
3.5. Advocate with colleges and universities to integrate FASD education into relevant degree programs (e.g., health, behavioral and human services, education, criminology).			X

Goal 4 (Mobilization)
Develop resources, collaboration, policies, and data/evaluation capacity
to effectively address FASD statewide.

STRATEGIES: MOBILIZATION	SFY 2011	SFY 2012	SFY 2013
4.1. Expand the SC FASD Collaborative.	X	X	X
4.2. Establish an effective and efficient organizational structure for the SC FASD Collaborative that facilitates collaboration toward goals.	X	X	X
4.3. Advocate for the appointment of a State FASD Coordinator for South Carolina.		X	
4.4. Establish an FASD point of contact/liaison in every collaborating organization.	X		
4.5. Collaborate with the Governor’s Council on Substance Abuse Prevention and Treatment and the Joint Council on Children and Adolescents to address FASD.	X		
4.6. Advocate for policies that support FASD prevention and intervention goals.		X	X
4.7. Advocate for integrating FASD into the strategic plans of partner organizations.	X	X	X
4.8. Obtain public and/or private funding for FASD initiatives in South Carolina.		X	X
4.9. Identify existing FASD-related state and local data and data gaps for planning and evaluation purposes.	X	X	X
4.10. Transition the three-year DAODAS FASD strategic plan to a five-year statewide collaborative FASD strategic plan.			X

ACTION PLAN SFY 2010 (July 1, 2010 - June 30, 2011)

Goal 1 (Prevention)

Decrease alcohol-exposed pregnancies. *(DAODAS Goal Champions: Brenda Powell, Crystal Gordon; Contributors: Elizabeth Fore, Jonathan P. Scaccia)*

Strategy 1.1: Partner with organizations that reach priority populations to implement evidence-based programs to eliminate alcohol use among women who are or may become pregnant or to prevent pregnancy among women who drink alcohol.

2010-2011 Activities	Activity Lead
1.1.1: Identify populations at high risk of alcohol-exposed pregnancies.	Jonathan P. Scaccia, University of South Carolina
1.1.2: Identify evidence-based programs appropriate for high-risk populations.	Jonathan P. Scaccia, University of South Carolina
1.1.3: Identify organizations that reach high-risk populations to explore opportunities for collaboration on the provision of evidence-based FASD prevention programs.	Jonathan P. Scaccia, University of South Carolina

Strategy 1.2: Advocate for policies that support access to reliable and affordable contraception and evidence-based sex education. *(No activities planned for 2010-2011.)*

Goal 2 (Intervention)

Increase the developmental progress of children who have an FASD so they can function to the best of their abilities at home, in school, and in their communities. *(DAODAS Goal Champions: Hannah Bonsu, Susie Williams-Manning; Contributors: Kris Rife, Kennard DuBose, Cathy Mathies, Robin Simmons)*

Strategy 2.1: Partner with the State Department of Education to educate school professionals (e.g., principals, teachers, school nurses, counselors) about the effects of FASD and how to identify and effectively work with students who have an FASD. *(No activities planned for 2010-2011.)*

Strategy 2.2: Partner with Greenwood Genetic Center to deliver education and training about FASD to school systems and other youth-serving organizations.

2010-2011 Activities	Activity Lead
2.2.1: Contact the Greenwood Genetic Center about making a presentation on FASD to the S.C. Department of Education's Special Education Fall Training (tentatively scheduled for September 23-24, 2010).	Hannah Bonsu, DAODAS, and Robin Simmons, Department of Education
2.2.2: Invite Dr. Roger Zoorob to present on FASD during the staff psychiatrist meeting of the Departments of Mental Health and Juvenile Justice.	Hannah Bonsu, DAODAS, and Kennard DuBose, Department of Mental Health

Strategy 2.3: Link partners and other relevant organizations to technical assistance resources (e.g., Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention, National Organization on Fetal Alcohol Syndrome) for FASD screening, diagnostic evaluation, and interventions for individuals with an FASD and their birth, adoptive, and foster families.

2010-2011 Activities	Activity Lead
2.3.1: Identify other youth-serving entities to be recruited to the SC FASD Collaborative.	Kris Rife, SC FASD Collaborative

Goal 3 (Knowledge and Awareness)

Broaden the knowledge and awareness of FASD in the public and the professional community.

(DAODAS Goal Champions: Frankie Long, Patricia Colclough; Contributors: Cookie Grant, Lachelle Frederick, Jimmy Mount)

Strategy 3.1: Disseminate FASD prevention information through public and private organizations, mass media, and other channels.

2010-2011 Activities	Activity Lead
3.1.1: Engage different agency heads to submit op-eds on a quarterly basis.	Frankie Long, DAODAS
3.1.2: Obtain information about upcoming conferences that reach large segments of priority populations.	Lachelle Frederick, DAODAS
3.1.3: Send FASD information packets to schools and other agencies (e.g., parks, gymnasiums) for dissemination in those settings.	Lachelle Frederick, DAODAS
3.1.4: Obtain information about free advertising available on television, in newspapers, and on the radio.	Jimmy Mount, DAODAS

Strategy 3.2: Advocate for inclusion of information about FASD with pregnancy-related products. *(No activities planned for 2010-2011.)*

Strategy 3.3: Recruit and train health professionals, parents of children with an FASD, and other knowledgeable individuals to inform priority populations about FASD prevention and/or intervention.

2010-2011 Activity	Activity Lead
3.3.1: Plan a training activity around September 9, 2010 (FASD Awareness Day).	Hannah Bonsu, DAODAS

Strategy 3.4: Link partners and other relevant organizations to accurate, current federal, state and local resources on FASD prevention and FASD screening, diagnostic evaluation, and interventions for individuals with an FASD.

2010-2011 Activities	Activity Lead
3.4.1: Include a link to www.FASDCenter.com and to the Greenwood Genetic Center web site.	Jimmy Mount, DAODAS
4.4.2: Recruit individuals who are willing to provide a specified number of FASD trainings.	Frankie Long, DAODAS
4.4.3: Provide a training of trainers.	Frankie Long, DAODAS

Strategy 3.5: Advocate with colleges and universities to integrate FASD education into relevant degree programs (e.g., health, behavioral and human services, education, criminology). *(No activities planned for 2010-2011.)*

Goal 4 (Mobilization)

Develop resources, collaboration, policies, and data/evaluation capacity to effectively address FASD statewide. *(DAODAS Goal Champion: Carl Kraeff; Contributors: Joyce Dilleshaw, Martha Critchley, Kris Rife, Dan Walker)*

Strategy 4.1: Expand the SC FASD Collaborative.

2010-2011 Activities	Activity Lead
4.1.1: Identify and recruit important community and government partners.	Carl Kraeff, DAODAS, and Joyce Dilleshaw, Cornerstone
4.1.2: Identify and recruit individuals and family members affected by FASD.	Kris Rife, SC FASD Collaborative
4.1.3: Use existing social networks (e.g., Autism Society, EASlink) to identify and invite additional members.	Martha Critchley, LRADAC

Strategy 4.2: Establish an effective and efficient organizational structure for the SC FASD Collaborative that facilitates collaboration toward goals.

2010-2011 Activities	Activity Lead
4.2.1: Convene a meeting of the DAODAS FASD team, the SC FASD Collaborative leadership, and other interested persons to design an infrastructure for plan implementation (e.g., leadership, interest groups for each goal, membership, communications, data/evaluation).	Carl Kraeff, DAODAS
4.2.2: Put the infrastructure in place.	Carl Kraeff, DAODAS
4.2.3: Conduct a six-month assessment of effectiveness and efficiency and make infrastructure adjustments as needed.	Carl Kraeff, DAODAS

South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

Strategy 4.3: Advocate for the appointment of a State FASD Coordinator for South Carolina. *(No activities planned for 2010-2011.)*

Strategy 4.4: Establish an FASD point of contact/liaison in every collaborating organization.

2010-2011 Activity	Activity Lead
4.4.1: Ask each collaborating organization to name a point of contact/liaison who is committed to addressing FASD in South Carolina.	Carl Kraeff, DAODAS

Strategy 4.5: Collaborate with the Governor's Council on Substance Abuse Prevention and Treatment and the Joint Council on Children and Adolescents to address FASD.

2010-2011 Activity	Activity Lead
4.5.1: Ensure SC FASD Collaborative representation on the councils.	Frankie Long, DAODAS

Strategy 4.6: Advocate for policies that support FASD prevention and intervention goals. *(No activities planned for 2010-2011.)*

Strategy 4.7: Advocate for integrating FASD into the strategic plans of partner organizations.

2010-2011 Activity	Activity Lead
4.7.1: Collect source documents.	Carl Kraeff, DAODAS

Strategy 4.8: Obtain public and/or private funding for FASD initiatives in South Carolina. *(No activities planned for 2010-2011.)*

Strategy 4.9: Identify existing FASD-related state and local data and data gaps for planning and evaluation purposes.

2010-2011 Activities	Activity Lead
4.9.1: Identify existing FASD-related state and local data and data gaps.	Dan Walker, DAODAS
4.9.2: Establish a data and evaluation workgroup.	Dan Walker, DAODAS

Strategy 4.10: Transition the three-year DAODAS FASD strategic plan to a five-year statewide collaborative FASD strategic plan. *(No activities planned for 2010-2011.)*